MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17864

deoth.

by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled idirector, page 3 should be detoched for use os the burial-tronsit permit. Then please remove corbon paper should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, with the

CERTIFICATE OF DEATH

17868

10003	CERTIFICATE	OF DEATH		11999
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	osed lived, if institution: Re	sidence before admission)
O. COUNTY WORCES TE	F / MARYLAND	G. STATE	b. COUNTY	A CESTER.
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL once	
write RURAL and give nearest town)	h	0	0	1 2
STUCKTON	3yes	d. STREET ADDRESS	·LIY	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in	4.1	d. SIREET ADDRESS	1	ON A FARM?
HOLLAND NURSI	NO HOME			YES NO
NAME OF First OECEASED 4	Middle	A Lost 4. DATE	Month	Doy Year
	VIE MARTH	AMDKINS DEATH		7 1961
6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN lost birthdoy) Mont	IDER 1 YEAR IF UNDER 24 HRS. This Doys Hours Min.
t W v	VIDOWED NO DIVORCED	OCT, 1, 1884	yrs.	ths Doys Hours Min.
Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or f	oreign country)	2. CITIZEN OF WHAT
uring most of working life, even if retired)	OWN HOME	131874(=)	DEL	COUNTRY?
3. FATHER'S NAME	10000	14. MOTHER'S MAIDEN NAME		
JOBEPA MITE	HELL	MARIA MO	1TCHEL	_
IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, prunknawn) (If yes give war ar dates of ser	The state of the s	R. PRESTON A	Durate Oa	Esty O TO M
110 / 10		KILKRZAON 11	DALLIAZ OC	
18. CAUSE OF DEATH (Enter only one couse poper in the Part I. OEATH WAS CAUSED BY:	ar line for (o), (b), and (c).)	emparen accid	2° 300	ONSET AND DEATH.
IMMEDIATE CAUSE (a)	ACNIE CORO	my our	> NON	ONE DITY
OUE TO	A TIMES ! IN T	Illina - ALLE	105	1-400
Conditions, if any, which gove) (b) _	TAR WE HAD SELENCON C	HERK (OCH	DE	2 710
stoting the underlying couse DUE TO	DISTALE MALANT	AL DITTHEIN	47.0A.1	4 4180
lost. (c)	> GANTO MEN	AC DETERMEN	17/2010	1 117
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO?
200. ACCIDENT WAS UNDERLYING 200. TO TRIBUTING CLAUSE OF DEATH				YES NO
200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Po	ort 11 of item 18.)	
20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PL#	ACE OF INJURY (Home, form, 20f.	(City or town)	(County) (State)
Hour o.m.	111110	tory, street, office bldg., etc.)		
21. I certify that (I) (this haspita	of work of work	Sept 1 1962	to MHZ 7	1962, that (I) (we) la
saw the deceased glive and	1) ditended the deceased fram_	1 1 1		in the date stated abay
220. SIGNATURE	1) Legi, and ma	dediti decorred di		b. DATE SIGNED
20. SIGNATURE / 1 W 8/	John M.	D. PHYS. MED. DIRECTOR	STAFF C	2-11-62
22c. PHYSICIANS	yes ruen m.	D. PHYS. DIRECTOR	PHYS.	10.1
NAME (TYNG) A CHAIRD T	C. 1 HMALO	114 BUT) +	- Surve Police	c /Ve/.
DUPLEY CONTROLLER	L A II I I I I I I I I I I I I I I I I I		7000-077-10	RED
230. BURIAL CREMATION, 23b. DATE THEREO REMOVAL (Specify) . 12	1 0	CICEMPATORY 23d.	LOCATION (City or Town)	(County) (Stote)
BURIAL ITIMI	DETHEL	17	ITTSVILLE	WIE MD
24. PUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGIS		R'S SIGNATURE
Ama Ni Dud	Tope Della	DATE OF C 12	1 1967 July	The same

HELTE COUNTRY PRESENCE 250 700 5000 9 ANTERS RESIDENCE ALBERT STATES SCHOOL WENTER DETERMENTER 00

FOR STATE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		MEDI	CAL EXAMI	INEK 3	EKTIFICATE (JE DEF	AITI	17	86	0	
d. COUNTY	lorcester		MA	ARYLANO	2. USUAL RESIDENCE a. STATE Mar					e admission ster	
	(If autside carparote limits	,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o	utside carpi	arate limits, write RU	RAL and give	re neares	r tawn)	
write KUKAL o	ond give nearest town) Girdletre		Life		Girdl	etre	e			23-	1
d. NAME OF HOSP	PITAL OR INSTITUTION (if no	in haspital, gi			d. STREET ADDRESS	0 02 0				e IS RESID	
	(Girdle	tree		(None)	G	irdletre	е		YES T	NO T
3. NAME OF	Fit	rst	Middle		Last	4. DATI	Man	th	Day	Ye	ar
(Type or print)	Elmer	Sai	muel	Ayd	elotte	OF DEAT	TH Dec		30	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	-
Male	White	WIOOWEO	OIVOR	CED 🔲	12-22-85		last birthday) 83 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (Stat	e or foreign	cauntry)		ITIZEN OF		
during most at working	ng life, even if retired)	St	ore cle	rk	Maryl	hea			S.A.		
13. FATHER'S NAME	23 02021	1 00	010 010	4 27	14. MOTHER'S MAIOEN				LIA-DL		
A m	man Assalala	440			T	- la 2	D3				
	ron Aydele		OCIAL SECURITY NO	1 17 IN	FORMANT	elin mist.	e Reed	ess a			
(Yes, no, or unknown	(If yes give wor or dates of	f service)						G	ird.	letr	ee,
No:		21	4-24-29	17 Mr	s. Jeane	tte	Beauchan	ipqı	1	Md.	71175541
	DEATH (Enter only one cou EATH WAS CAUSED BY:									ERVAL BET SET AND D	
FARI I. DE	IMMEDIATE CAUSE	(c) Cer	abral A	pople	xy (si	roke	2)		-		
334	X OUE	TO									
Conditions, if ar		(b)									
rise to immedi- stating the und		TO									
lost,	deliving couse	(c)									
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT	RELATED TO TH	HE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART I(a)			WAS AUT PERFORM ES	
200. EXTERNAL PRIMARY Or CAUSE OF DEATH	CONTRIBUTING	20b. OES	SCRIBE HOW INJURY	OCCURRED. (E	inter nature of injury in	Part I ar I	Part II af item 18.)				
20c. TIME OF IT	NJURY Month, Day, Yeor a.m. p.m. 19	20d. IN While at wark	Nat While at wark		OF INJURY (Hame, fairy, street, affice bldg., et		(City ar town)	(0	ounty)		(State)
21. I cert	tify that I taok charge	e of the rem	nains described	abave, hele	d an Autopsy	, Inspe	ctian Ind	uiry 🗙,	ond	l in my	apinian
death resi	ulted from: Nature	al causes	Accident [. Suicio	de . Homicid	е	Undetermined n	nanner [
	OD.D	مصبول			CHIEF MEDICA	AL EXAMINE	R 🗌				
ACTUAL SIGNATURE	lestord	0 > X	chie	-	M.D. ASSISTANT MI	EDICAL EXAM	MINER			22. DATE	
		-			DEPUTY MEDI	CAL EXAMIN	ER X Acti	ng		12-3	30-67
EXAMINER'S NAME (Type)			ott, M.		Address (Stre		Automotive and an	rces	ter		
23a. BURIAL, CREMA REMOVAL (Spec	(TION, 23b. DATE TH	EREQF 68	Downing	emetery or c	rematory ery	0	ik Hall,	lingin	ia (Eaunty	,	Stote)
24. FUNERAL DIREC	TOR		ADDRESS		2Sa. REG	C'D BY REGI		REGISTRAR'S			
Jalyen Fi	uneral Home,	(hince	teaque.	Virgin	ia DATIA	N A	1968	Chart	AVX	margh.	-

VR A15ME (5) 6M 1/67

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departmy

Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

2

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

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The first of 1981 to 11. The first of the fi

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed writing the ward "pending" in penal in Item 18. Give Pagills 1, 2, and 3 to necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pagills 1, 2, and 3 to 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State

ath.

Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 hau

MADVIAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEFARMENT OF BEALTS	
7866	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	212
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Mr. c

		MEDIC	AL EXAMINEK	CEKTIFICATE C	JE DEATH		17	871	}	
1. PLACE OF DEATH o. COUNTY	lorceste.	~	MARYLAND	2. USUAL RESIDENCE (o. STATE Georg		lived, if institu b. COU	tion: Residen		admission (on).
b. CITY OR TOWN write RURAL or	(If outside carparate limit nd giv nearest town)		LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corparate	limits, write RU	RAL and give	e neares	town)	2
d. NAME OF HOSP	ITAL OR INSTITUTION (If re		street address)	d. STREET ADDRESS					ON A F	ENCE
U.S. R	t. 13			Box 1	07					NO
3. NAME OF DECEASED (Type or print)		rst HN	Middle THURMAN	BR O WN	4. DATE OF DEATH	Man Decembe		26	Yes	67
S. SEX Male	6. COLOR OR RACE White	7. MARRIED K	NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 25, 190	9.	AGE (In years last birthday) 63 yrs.	IF UNDER Months	Days Days	Hours	24 HRS. Min.
10o. USUAL OCCUPATION during most of working Foreman	DN (Give kind of work dane ig life, even if retired)	INDUS	of Business Or TRY truction	Avalon, Geo		ntry)		TIZEN OF DUNTRY? SA	WHAT	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
John L.				Maude Farr	mer					
15. WAS DECEASED EV (Yes, no, or unknown) No	VER IN U.S. ARMED FORCES? (If yes give war or dates or	of service N	-09-0201 Be	INFORMANT s. Selma S. ox 107. Bower	Brown	(Wife)	ia			
Canditions, if an rise ta immedia stating the und last.	erlying cause DUE	(b)	NEATH BIT MAY DELATED TO) THE TERMINAL DISEASE CO	AIDITION CIVEN	IN DAOT I/oì		110	WAS AUTO)PCV
ATTON									PERFORM	
PRIMARY OF CAUSE OF DEATH.		20b. DESCR	IBE HOW INJURY OCCURRE). (Enter nature of injury in	Part I ar Part II	of item 18.)				
A Hour o	JURY Month, Day, Year	8446.11.	Not While	LACE OF INJURY (Hame, fare actory, street, affice bldg., etc.	m, 120f. (City or town)		unty)	la (State) Q
		af the remai	ns described above, Accident - Su	neld an Au j opsy,	Inspection	etermined m	uiry 🖳	and	in my	apinian
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Earl L. Roy	er, M.D.		M.D. ASSISTANT MEI DEPUTY MEDIC	_,	De	cembe	_	2. DATE _/19	
230. BURIAL, (REMAT REMOVAL (Specif Burial 24. FUNERAL DIRECT HOLL OWA	fy) Dec. 30	0,1967 I	Bowersville ADDRESS URY, MARYLAN	Cemetery		TION (City or To	e. Geo	(County)	9 17	tate)

VR A15ME (5) 6M 1/66

TO DEPUTY MENCAL EXAMINER:

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ORISTATE HEALTH DEPT. 1. PLACE OF D

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages I, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours after death. If any delay is

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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7	1	3	15	Z

	MEDICAL EXAMINER .	CERTIFICATE OF DEATH	11004
	PLACE OF DEATH a. COUNTY WORCES to MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE b. COUNTY	nce before admission)
18	b ITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give neorest Jown)	c CITY OR JOWN (If autside carparate limits, write RURAL and gi	RK 23-1
1	d. RAME OF ADSPITAL OR INSTITUTION (If not in hospital, give street address) HORACE TOWNSEND FARM	d. STREET POPRESS ROUKe 1 BOX 50	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) EACHEST HERMAN	Collins of Death Dec 3	Day Year 7
S.	WIDOWED DIVORCED	B. DATE OF BIRTH Nov · 24 (910 9. AGE (In years last birthday) Months Months	Days Haurs Min.
dur	ing most at working life, even it retired) 10b. KIND OF BUSINESS OR WOUSERY MOUSERY MOUSE MOUSERY MOUSE MOUSERY MOUSE M	NewARK, Md	OUNTRY?S A
	EARNEST COLLINS	MARTHA BethAR	2
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ocunknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17 214 28 3748	Esfella Tindley (Siske) Now.	ARK, Md.
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) gnd (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ARY OCCUSION	INTERVAL BETWEEN
	Conditions, if any, which gave rise to immediate cause (a), storing the underlying couse DUE TO		7
NOI	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY II OF CONTRIBUTING II CAUSE OF DEATH.	D. (Enter nature of injury in Part I or Part II of item 18.)	AEZ NO
MEDICAL		LACE OF INJURY (Hame, farm, 20f. (City or town) (C. actory, street, affice bldg., etc.)	aunty) (Stote)
	21. I certify that I taak charge of the remains described above,		ond in my opinion
		uicide, Homicide, Undetermined monner _ CHIEF MEDICAL EXAMINER	
	SIGNATURE TO THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type) FTTOWNSENDY	R AND STREET OF THE PROPERTY O	ec 31,6%.
230	BURIAL (REMATION, 23b. DATE THEREOF 23; NAME OF CEMETERY OF CONTROL OF CEMETERY OF CEMETER	REEN BERLIN U	(County) (State)
24	EUNERAL DIRECTOR & On DO Jergsey Rdy St.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

8517 110 15° 15° 15° Contract of the contract of th to the same of the same of the same of the CA ET AL Photo Programme and the second - the property of the section of the Marine Care of the Color of the PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. epartment of affect death. P.M3. Page d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form 22 hands This certificate shauld be executed within 24 hours after death. If Store 5 may be retained far yaur files.

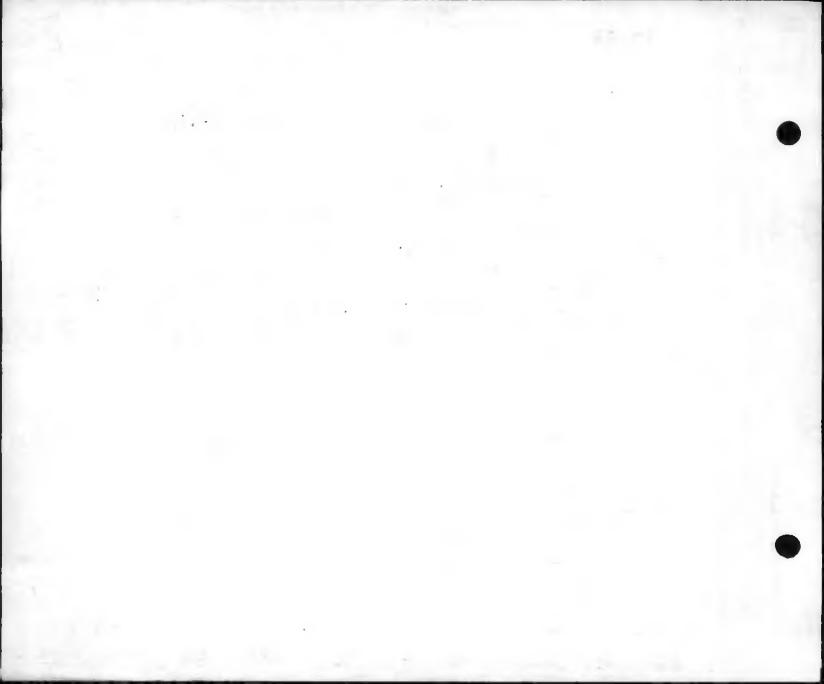
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health or its designated agent, priar to burial, crematian, ar remaval, and in any event within O DEPUTY MEDICAL EXAMINER:

VR A15ME 15

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17871

1		O. COUNTY WORCES LR MARYLAND	o. STATE	b. COUNTY W:	DR
/	<	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL ond give n	learest town)
	-	d. NAME ON OSPITAL OR INSTITUTION (If not in hospital, give sweet oddress)	d. STREET ADDRESS	- []	e. IS RESIDENCE
0		Ross Street	Ross St.		ON A FARM?
	1	NAME OF DECEASED (Type or print) CRAUCE) NATHANIE! De	Lost 4. DATE OF DEATH	Dec 2	Doy Year 1967
	S. !	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		GE (In yeors IF UNDER 1 Y Months D yrs.	EAR IF UNDER 24 HRS. Doys Hours Min.
	duri	USUAL OCCUPATION (Give kind of work done gross of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Stockton	~ 1 (COUN	EN OF WHAT
	13.	FATHER'S NAME HORACE DENNIS	14. MOTHER'S MAIDEN NAME NANCY	Fisher	R
		was deceased ever in U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 1 17. 14. 9501 MR	S Dilie Dennis W	JE SNOW YE	treet 11 Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) SCU PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Devith e	JA.	ONSCI HO CONTEST
		Conditions, if any, which gove) (b)			
		rise to immediate couse (a), stating the underlying couse (b).			Ne
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
~	L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II	of item 18.)	
	MEDICAL		CE OF INJURY (Home, form, 20f. (if ory, street, office bldg., etc.)	City or town) (Count	(Stote)
		21. I certify that 1 taok charge of the remains described above, he death resulted from: Natural causes Accident , Suic	1 I Second	Inquiry [],	and in my opinion
		ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER]	
		SIGNATURE Y WILLIAM TO	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	早つ	22. DATE SIGNED
-		EXAMINER'S NAME (Type) FJ TOWNSEND R	Copyress Cifer Hitz town, o	rounty)	- 17
)	230	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	CKEMATORY 23d. LOCA	TION (City or Town) (Co	ounty) (State)
	24	EUNERAL DIRECTION ADDRESS	250 REC'D BY REGISTRAR		NATURE
	1	more F. Wenne Snow Hill 14	DATDEC 5 18	367 Milane	Judge.



	Item 20b Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 12-29-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	87
HEALTH DEPN	1 PLACE OF DEATH O COUNTY Worcester MARYLAND LOCATION OF TOWN (If outs de corporate limits, compared in the compared limits). CLENGTH OF STAY N 1b COUNTY Worcester Maryland COUNTY Worcester COUNTY Worcester Maryland COUNTY Worcester COUNTY Worcester COUNTY Worcester COUNTY Worcester COUNTY Worcester Maryland COUNTY OR TOWN (If outside corporate limits, write RURAL and give	cester
2, and PM3	b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) C CENGTH OF STAY N 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Rural A NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street oddress) C CITY OR TOWN (If outside corporate limits, write RURAL and give and give nearest tawn) C CITY OR TOWN (If outside corporate limits, write RURAL and give area to a street oddress) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	B IS RESIDENCE ON A FARM?
ages ages th for the form	Rural Newark R.F.D. Newark 3 NAME OF First Middle Lost 4 DATE Month	YES NO Doy Year
aurs after death im 18. Give Page ffice alang with f na2 with the Stat death.	Male White WIDOWED DIVORCED 3-13-51 16 yrs 100 USCAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Store or foreign country) 12 CITI	Days Hours Min ZEN OF WHAT
h,n 24 haurs ncil in Item 1 niner's Office pages I and 2 ' urs affer death	during most of working life, even if retired) Student School Maryland 14. MOTHER'S NAME	IT-S.A.
ITY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, exal director Page 4 should be farwarded to the Chief Medical Examiner's Office along with form be retained for your files. RAL DIRECTOR: Page 3 should be used as a burial-trans, permit. File pages land 2 with the State Depring to burial, cremation, ar remayal, and in any event within 72 haurs after death.	James Charlton Dryden Sr. Dorothy Menszak 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes give wor or dotes of service] No BE CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (t)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Suffection	MG INTERVAL BETWEEN ONSET AND DEATH
frate should bing the word of the charter as a burial-tra	773. / DUE TO Conditions, if only, which gove isse to immediate couse (a), stoting the underlying couse lost Conditions, if only, which gove itself to condition of carbon monoxide gas	
h,s certificate, writing ate, writing ate farwarde be used as emaval, and	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o)	PERFORMED? YES NO
AMINER: The certifice of the certifice of the certifice out files. The specific spec	200 EXTERNAL CAUSE WAS PR MARY Dor (ONTR BUTING 20th DESCRIBE HOW INJURY OCCURRED through the rear window of static brought up through the rear window of static brough the rear window of static	on wagon.
DEPUTY MEDICAL EXAMINER: scessary, please execute the certile e funeral director Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 shauter to burial, crematian, and prior to burial, crematian, and preserved.	21 certify that taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , deoth resulted from Natural causes , Accident , Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinio
SSOY, SSOY, Tuneral Ty be and NERAL	SIGNATURE EXAMINER'S NAME (Type) Clifford E. Schott, M.D. ASS STAN MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street cty, fown or county) Worcest	12-16- er 6
AL ATHWE S	REMOVAL (Spenty) Bur 51 12-19-67 Trinity Garden of Memories Newark 24 FUNDS PRECIOR ADDRESS BY REGISTRAR 256 REGISTRAR 256 REGISTRAR 5 SIGN ADDRESS BY REGISTRAR 256 REGISTRAR 5 SIGN ADDRESS BY REGISTRAR 256 REGISTRAR 5 SIGN ADDRESS BY REGI	Md.
XV	Dennis Funeral Home Snow Hill, Md. DATE DEC 20 1967 Plan	Pan Viertar



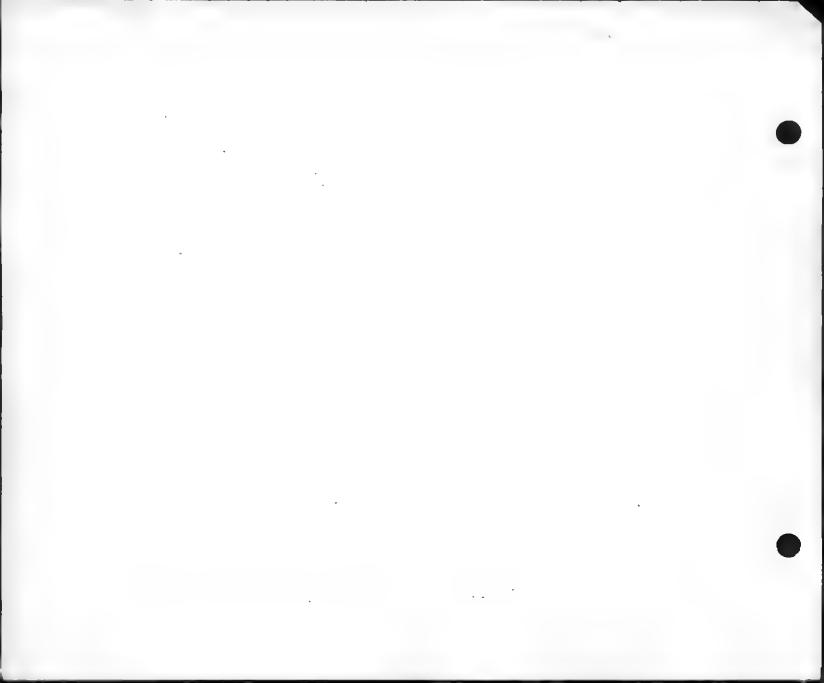
DIVISION OF VITAL RECORDS STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE TOT STAT 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY t t MARYLAND de av CLENGTH OF STAY IN 16 c CIY OR TOWN (II outside corporate limits, write RURAL and give negrest town) 2, and PM3 B IS RESIDENCE ON A FARM? OF HOSP give street addressi Pe in penc.1 in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with form State NO This certificate shaul be executed within 24 hamrs after death NAME OF M ddle DATE First Month Doy DECEASED OF. a bunal-transit permit. File pages 1 and 2 with the (Type or print) DEATH S. SEX 6 COLOR OR RACE F UNDER 1 YEAR FUNDER 24 HRS DATE (last birthdoy) AGE" In years 7 MARRIED NEVER MARRIED 8 Months Hours any event within 72 haurs after death WIDOWED D VORCED 100 USBAL OCCUPATION (Give kind of work done TOU K NO OF BUSINESS OR TRIHPLACE (State or foreign country) 12 CITIZEN OF WHAI duping most of working life even fret red) NDUSTRO DUNTRY & LCD 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME LURRAL 17 INFORMANT 16. SOCIAL SECURITY NO "pending" 18 CAUSE OF DEATH (Enter only one couse persinge for (o), (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), and in (DUE TO stoting the underlying couse 005 last may be retained far your files. FUNERAL DIRECTOR: Page 3 should be used cremation, ar removal, PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS ALTOPSY PERFORMED? CERTIFICATION necessary, please execute the certificate, 200 EXTERMA CAUSE WAS PRIMARY OF CONTRIBUTING DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port CAUSE OF DEATE MEDICAL 20e ALACE OF INJURY (Home form 20c TIME OF INJURY Month Doy You (County) (State) Not While follory, street, office bldg , etc.) the funeral director Page 4 at work 5 may be retained rar y TO FUNERAL DIRECTOR: P Health priar to burial, a 21 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted from: Natural causes Accident N Su cide Undetermined monner ACTUAL 22. DATE SIGNED SIGNATURE **EXAM.NER'S** NAME Type BUR AL CREMAT ON DATE THEREO 24 FUNERAL DIRECTOR VR A15ME (5)

STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY delay is and 3 to MARYLAND Pag To LENGTH OF STAY IN 16 c CTY 108 TOWN (If outside corporate am is, write and oartme after d P.M3. #DORESS S RESIDENCE ON A FARM? NAME not in haspital, give street address the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with farm ate YES NO 24 haurs after death with the Sto within 72 | NAME OF First Midd e 4 DATE Month DECEASED OF DEATH (Type or pont) S SEX IF LINDER 24 HRS 6 COLOR OR RACE DATE veors F UNDER I YEAR 7 MARRIED NEVER MARRIED AGE last birthday) Months Dovs pages land2 v W DOWED DIVORCED 100 US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT omogmost of working life, even theticed COUNTRY? ony LEN 14 MOTHER'S MAIDEN NAM 13 FATHER'S NAME This certificate shauld be executed within ond WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI ar removal, (Yes, no or unknown) (If yes a ve wor or dates of service NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c). PART I DEATH WAS CAUSED 8Y IMMED ATE CAUSE TO burial, cremation, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO 0 stating the underlying couse lost nsed WAS AUTOPS) PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) CERT, F CATION Health ar its designated agent, priar to å 200 EXTERMA, CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part or Part 1) of Item 18.) 3 shaufd TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED OF INJ 20 TIME OF INJURY Month, Day Year the funeral director. Page 4 Nat While for fory, street, off (e bldg, etc.) White may be retained for your FUNERAL DIRECTOR: Page please exerute at work of work I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Suicide Notural causes Undetermined manner Accident Homicide 1 FXAMINER **ACTUAL** 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAM **EXAMINER'S** OWNSE NAME (Type) BURIAL, CREMATION 23b DATE THEREO! CEMETERY OR CREMATORY 0 BREMOVAL (Specify) 24 EUNERAL DIRECTOR VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RES			STREET, BALTIMORE	1 1, MARYLAND
6 9 6 7	CERTIFICAT	E OF DEATH		1.375
1. PLACE OF DEATH			(Where deceased lived, If Institu	
Woncester	MARYLAND	a. STATE Mary	land b. COUNTY	Worcester
b. CITY DR TOWN (If outside corporate limits, write, RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write	
Girdletree		Girdletree		/
d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
10				YES NO
3. NAME DF First	Middle	Last	4. DATE Month	Day Year
DECEASED		ill	DEATH December	30. 19 67
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	19. AGE (In years LIE	UNDER 1 YEAR HE UNDER 24 HR
temale White WIDOWE	DIVORCED	ay 9, 1889	last birthday) Me	
during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (Con	inty & State, or foreign country)	12. CITIZEN DF WHAT COUNTRY?
Housewile	Self			U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDE		
Joe Gray		Marion Bar		<u> </u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [1] (Yes, No, or unknown) [(If yes give war or dates of service)]	6. SOCIAL SECURITY ND. 17.	INFORMANT	Address	
No	An	nie Merritt	Girdletree M	ruland
18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: A CU	ite Coronary Occ	lusion		ONSET AND DEATH
4 3 0 1 DIE 70				E
	eriosclerotic h	eart disease	2	5 years
gave rise to immediate (cause (a), stating the DUE TD				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		TED TO THE TERMINAL D	IS EASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY PERFORMED?
시설 Acute Bronch				YES ND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI Acute Bronch 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
	. INJURY DCCURRED 20e. PLA	CE OF INJURY (Home, fairly, street, office bldg., et	m, 20f. (City or town)	(County) (State)
Hour a.m. p.m. 19 at we	io () itor Millio []	i y, street, omto biug., et	0.,	
21. I certify that (I) (this hospital) atter	nded the deceased from	Sept 1 19	67 to Dec. 29	, 19 ⁵⁷ , that (1) (We) las
saw the deceased alive on Dec 2		death occurred at 1	P.M, from the causes an	d on the date stated above
228. SIGNATURE	4			ZZO. DATE SIGNED
1 / Buth Ja	Man M.E		IED. STAFF PHYS.	1-3-68
/ 22c. PHISICIAN'S NAME (Type) Pobort C	7 - Ware W D	22d. ADDRESS 104 N.	Bay Street, Sno	w Hill, Md. 218
Robert C.	La Mar, M.D.			
238. BURIAL CREMATION, 23b. DATE THEREOF 1-2-1968	Springhill Co	or CREMATORY metery	Girdletree, M	
24. FUNERAL DIRECTOR	ADDRESS		0.00	ISTRAR'S SIGNATURE
Salyer Funeral Home, (hine	coteague, Virgir	ia DAYEAN	8 1968 fcu	mas Judge

MARYLAND STATE DEPARTMENT OF HEALTH



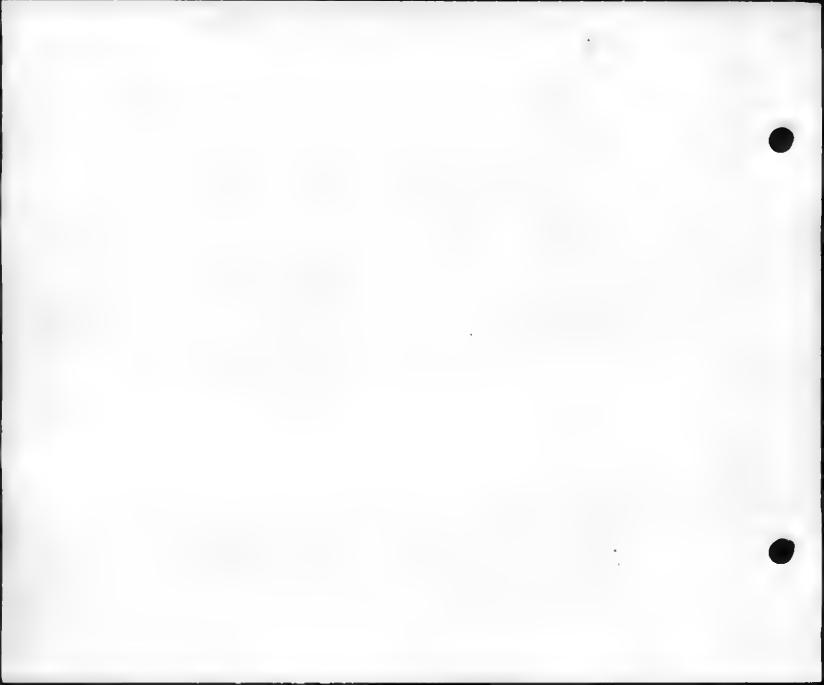
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4 3 6 5	CERTIFICATE	OF DEATH P	<u>.</u> 4.	1876
1,	PLACE OF DEATH		2. USUAL RESIDENCE (Where dec	eosed lived, if institution: Residence	e before admission)
	· COUNTY OREESTER	MARYLAND	" MARYLAN	D WORCE	587 E/2
₹	b. EFTY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (II autside carp	arate limits, write RURA, and give	nearest tawn)
	write RURAband give nearest town)		BEZLIN		
亻	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Broad Street Extd.		REDT	RAPPE	YES NO
3	NAME OF First	Middle	Last 4. DAT	1	Day Year
	(Type or print) RUBY	KISER J.	ARMAN DEA		8 1967
5	SEX 6. COLOR OR RACE 7 N	ARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER) fost bythday) Months	YEAR IF UNDER 24 HRS Days Hours Min.
		DOWED DIVORCED	JULY 5, 1908	5-9 YIS	
	o. USLAL OCCUPATION (Give kind af wark done ring_mast of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTUPLACE (County & State, or		ZEN OF WHAT
	DECRETARY	DAVISICEY FUEL		GG, VA,	J.S.A.
13	FATHER'S NAME	_^	14 MOTHER'S MAIDEN NAME	1	
_	JOHN T. 41SE		BLUMA X	INE	0.50
(Y	WAS DECEASED EVER IN L. S. ARMED FORCES? es, r.o., or unknown). (If yes give war ar dates of servi	ra)	NFORMANT	Address	MAPO
	No No		R.W.I. JARN	TAN BERLII	
	1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (a), (b) and (c).)	0'		INTERVAL BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (a)	- cenon	a y we		
	Candidate of any which ages 3	Carrie	of the	/	
	rise ta immediate cause (a),		- Ly wie	2111	
	stating the underlying cause (c)		U		
_	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	VEN IN PART I(a)	19 WAS ALTOPSY
AT O					PERFORMED? YES NO PT
CERTIFICAT ON	20a ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or I	Part II of item (B)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Hame, farm, 201 ory, street, affice bldg , etc.)	f. (City or town) (Cou	nty) (State)
¥	p m. 19	While hot While factor			
	21. I certify that (I) (this haspital)	attended the deceased fram			_, that (I) (we) last
	saw the deceased alive on	4 - 196/, and that	death occurred a - out	_M, fram causes and on th	
	220 SIGNATURE Clifford E. X	Telet MD	ATTENDING MED. PHYS. DIRECTOR	C STAFF	TE SIGNED
	NAME IT DON'S CONDUCTION OF S	chott	3 erlin	md.	
23	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 23d	LOCATION (City or Town)	(Caunty) (State)
	BREMOVAL (Specify) 12/10/6	7 BUCKING	HAM 6	BERLIN W	OR MD
2		ADDRESS	250 REC'D BY REGI		
	Ama HIBURG	ge Berlin i	Mal DATE DEC 1	2 1967 Jane	les Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave larborn papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 pears after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law maybres that the death certificate be emecuted within 24 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

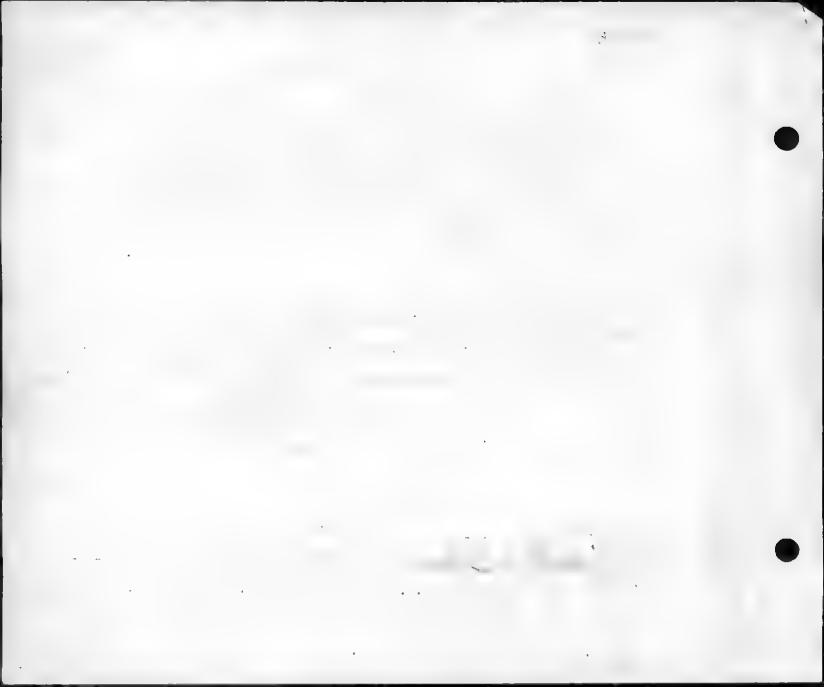
	P 2 40 B 100	- 0-	DE ATIL
/ LDII	LI/ AI	L 11L	DFATH
LEKII	PILAL	r ur	DEMEN

		3	7	ě
à	ã		6	- 4

1 DIACE OF DEATH			II a light property of	Uhara danagad Eurah di ungkih dan Baruda	nes palara admission)				
1 PLACE OF DEATH • COUNTY			O STATE TELLY	where deceased lived if institution Reside Land 6 COUNTY So	suce parale dath/22(ah)				
	Vorcester	MARYLAND							
b CITY OR TOWN	If outside corporate limits,	C LENGTH OF STAY IN 16	CITY OR TOWN (If au	tside corparate limits, write RURAL and g	ve recrest town)				
Wille KOKAL GO	ural, Stockton	6 mo 9 da			11.				
d NAME OF HOSPI	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		B IS RESIDENCE ON A FARM?				
			Marin	ers Road	YES NO				
3 NAME OF	First	Middle	Last	4 DATE Month	Day Year				
DECEASED (Type at print)	Amv	Riggin	Johnson	OF DEATH December	12 19 67				
S SEX	6. COLOR OR RACE 7. MAI		8 DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS				
_		OWED TO DIVORCED	August 10, 1	lost burthday) Months					
Female		106 KIND OF BUSINESS OR			CITIZEN OF WHAT				
during most of working	life, even if retired)	INDUSTRY	, ,	(OUNTRY?				
nouse wi	î e	-		Somerset Co. Md.	U.S.A.				
13. FATHER'S NAME			14 MOTHER'S MAIDEN N						
	Isaac James Ri	ggin	unk	nown					
	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	INFORMANT	Address					
(7 es, no, or unknown)	(If yes give war ar dates of service	215-05-8928	Manson Johns	on Crisfield,	Md.				
IR CAUSE OF D	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN								
PART 1 DEA	PART 1 DEATH WAS CAUSED BY PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Vascular Accident Office of the country								
201X		STSDIAL VANCOLAL	RECTUEIL						
. ,									
rise to immedia	Conditions, if any, which gave rise to Immediate couse (a), (b) Arteriosclerosis								
stoting the unde	riying couse								
lost.	(c)			THE CASE OF STREET	19 WAS AUTOPSY				
S PART IT DIREKS	GNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(0)	PERFORMED?				
\$	Diabetes melli	tus			YES NO				
은 20a ACCIDENT W	S UNDERLYING (1) 2 G CAUSE OF DEATH	05. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Port I or Part II of item 18.)					
(IF EITHER, NOTIF	MEDICAL EXAMINER)								
			LACE OF INJURY (Hame, form		ounty) (State)				
Hour a.	10	While Not While of work	actary, street, affice bldg , etc.)						
	21. I certify that (I) (this haspital) attended the deceased fram Sept., 1967, to Dec12, 1967, that (I) (we) las								
saw the e	saw the deceased above an 12-7-67 19 , and that death accurred at 6 A M, fram causes and an the date stated above.								
	220 DATE SIGNATURE								
	ATTENDING MED STAFF 12-13-67								
ZZC PHYSICIAN	Jumper St		22d ADDRESS	- This					
MAME (Type		Mar, M.D.	104 Bay S	t. Snow Hill, Md. 2	1863				
230 BURIAL, CREMATI		234, NAME OF CEMETERY O	P CPEMATORY	23d LOCATION (City or Town)	(County) (State)				
			A CKUMATURT		. ,,				
REMOYAL (Specif	9 Don 414	060 36	Comments are an	I Out - Ct - TA Como-	and Manyrland				
REMOVAL (Specif	L Dec. 14,1	967 Mariners	Cemetery	Crisfield, Somer 1 25b. REGISTRAR'S C 1 8 1967	rset-Maryland				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. fulled in by the **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, we Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

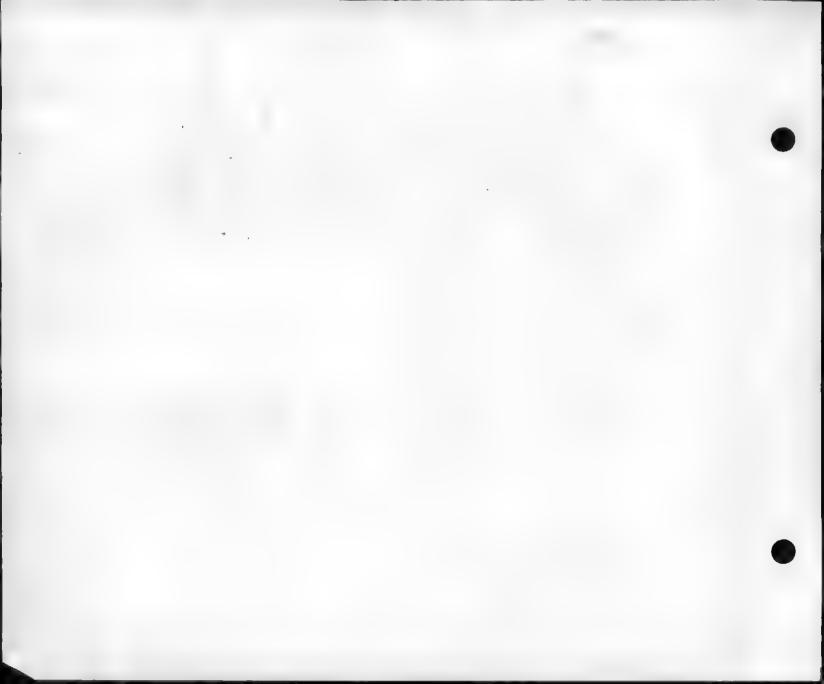
CERTIFICATE OF DEATH

17871

	CERTIFICATE OF DEATH
	D. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O. CO
)ㅏ	b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town
L	STOCK TON STOCK TON
1	d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF DECEASED (Type or print) The Name of DeceaseD (Type or print)
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 74 HRS Min Days Hours Min
	00 USUAL QCCUPATION (Give kind of york done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Rounty & State, or foreign country) 12 CITIZEN OF WHAT
Ľ	furing most of warking life, even if relifed) INDUSTRY COUNTRY? S.A.
	13. FATHER'S NAME Sewell Schoolfield 14. MOTHER'S MAIDEN NAME UNKNOWN
ŀ	15 WAS DECEASED EVER IN S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Address
	(Yes, no gor unknown) (If yes give wor or dotes of service) 218-03-4353 Artie Manual Stockton, Md.
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	IMMEDIATE CAUSE (0) MEUMONITIS MEGIE.
	Conditions, if ony, which gove) (b) THELLEN ZA.
	rise to immediate couse (a),
	last (c) ,
- [PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	CMRUNIC CONGESTIVE HEART FAILURE. YES NO [
	CHRONIC CONGESTIVE HEART FAILURE. 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) (City or town) (County) (State)
	21. I certify that (1) (this haspital) attended the deceased from 1/128, 1967, to 12/15, 1967 hat (1) (we) last
	saw the deceased alive an $\frac{12/19}{19627}$ and that death accurred at $\frac{6}{2}$ M, from causes and an the date stated above.
	220. SIGNATURE ACTION OF MED ATTENDING PHYS. STAFF 22b. DATE SIGNED 22/20/27
	NAME (Type) NEVILLE A. BARCH POCCHOKE, MD
-	230 BURIA, (REMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)
-	1 July 1 Jan 25 REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE
	See 101 1 See - New Church Va DEC 27 1967

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Ned in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Property by the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physician.

death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 1		9.0.1		
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re-	sidence before admission)
1		DE CESTER MARYLAND	MARYLAND b. COUNTY, OA	CESTIFA
		b CITY OF TOWN (It outside corporate limits L. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
		write RURAL and give nearest town)	(25RLIN	S 1
ı		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
	-	THE BERLIN NURSING HOME	BURLEYST	YES NO EX
П	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
-		(Type or print) DA MATILDA	AYNC DEATH December	23. 19 67
П	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IFUNDER I last birthday) Months I	Days Hours Min.
		WIDDWED X DIVORCED	Treic 20 1871 96 yrs.	
		a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY ,	COL	IZEN OF WHAT UNTRY?
		HOUSE WIFE CWN HOME		JISEA,
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	<u></u>	FORGE E, BRITTINGHAM	HESTER TIMMONS	
		es, not or unknown) ((If yes give war or dates of service)	INFORMANT Address	B 11
		No 216-54-9984 N	MA. (TALPH BRITTHEHAM,	HORLINID
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Careinona 4	lest preast	711021 11110 021111
1	- 1	DUE TO		
		Conditions, If any, which) (b) Chronic Neph-	tis	one wk.
-1	- 1	gave rise to immediate cause (a), stating the DUE TO	1.4.	
	_	underlying cause last. (c) Che. 1740 card.		
	100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	FI S			YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
			E OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	MEDICAL	Hour a.m. While Mot While factor	y, street, office bldg., etc.)	
	Σ	p.m. 19 at work at work 19 21. certify that (I) (this hospital) attended the deceased from	10-1-1066 to 12 22 106	7 that (I) (wa) lost
		saw the deceased alive on 12-22-1967, and that		
		22a. SIGNATURE	1 20h D8	TE SIGNED
		Chas of Lieu M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 12.	-26-67
		22c. PHYSICIAN'S	22d. ADDRESS	
		NAME (Type)	Berlin, Moryland	
	23a		OR GREMATORY 23d. LOCATION (City, town or cou	nty) (State)
		REMOVAL (Specify)	_ //	/ // 1
	13	11RAL 12/26/67 6VC	RGREEN (OSPLIN	MID,
	/ <u>3</u>		AGA SEN OSPLINA 258. REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
	/3 24.	12/26/6/1 UVE		S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Afted in Director director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, pages be and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Item OF

DIVISION OF VITAL RECORDS, 301 W. ESTON STREET BALTIMORE, MARYLAND 21201

DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b (It outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Burley St. NOT NAME OF 4. DATE Middle Lost Menth Doy Year DECEASED OF DEATH 1967 DISE (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Doys DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **JADUSTRY** COUNTRY? ETRED HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UHN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c). PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this hospital) attended the deceased from Rox 7 - , 1962, to Bec 29. 1962, that (1) saw the deceased alive on Dec 2 9 1967, and that death occurred at 1/31 M, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED 12-31-1967 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) VRIAL ADDRESS 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR

death. In by the funeral rs. Pages I and thousand the received the received the receiver t hours after within 72 palli event, COL complet executed in any pilo pup requires that the death certificate buriol, cremation, or removal, signed by the burial-tronsit or attending physician. **DIRECTOR:** After this certificate has been ge 3 should be detached for use as the iled with the Stote Dept. of Health priar to O HOSPITAL OR ATTENDING PHYSICIAN: The law be retoined director, page 3 should TO FUNERAL VR A15 (4) VI 25M 1/67 Feeth 12 19 - 1 11 Feets 12

April 200 March 1971

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17881
HEALTH/DEPT.	T.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
20 0		a. COUNTY / IDRCPS teR MARYLAND O. STATE ON d b. COUNTY COOR
Po 3	-	KYTY OR TOWN (If outside comprete limits r IENGTH OF STAY IN 1h r (ITY OR TOWN (II) outside comprete limits write RIIRAL and give negrest town)
del	1	Write BURAL And give makes 1 tayon)
200	1	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREFT ADDRESS Le IS RESIDENCE
三大馬 多 00		NEAR TAGIORVILLE R3BOX 41- VES NOX
Pages Pages vith fo		
hours after death Item 18. Give Page Office along with Iond 2 with the Stot ir death.	13	DECEASED OF THE PARTY OF THE PA
Give Sive ong w	-	(type of built)
aft alor with	3	Manths Days Hours Min.
urs n 1 d 2 d 2	10	
	du	10b AND OF BUSINESS OR 11 BURTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY A SIDERIAL COUNTRY A
d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's tronsit permit. File pages event within 72 haurs affer	13	FATHER'S NAME + hp 411112005 14 MOTHER'S MAIDEN NAME + LIEB 6
d with period of the File 72 han 2 han 2	15	. WAS DECTASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Reflect Address
executed inding" in Medical B permit. I within 72	(Y	es, no, as unknown) (If yes give war or dates at service s 457 646156 JOHN WILLIAM R3 BERLIN
e execute pending" of Medica sit permit nt within	-	18. (CAUSE OF DEATH (Enter anly one cause per line for (g), fb), and (s).)/ INTERVAL BETWEEN
d be execution of the conding of the		PART I. DEATH WAS CAUSED BY: ARCHARD (NO NO Y) LAR DISSOURCE ONSTPAND DEATH
should be e ne word "per o the Chief I buriol-tronsit		973 IMMEDIATE CAUSE (a) DUE TO ASPINY X COSTON)
should e word o the Ch ouriol-tro		Conditions, if ony, which gove)
to the pur		rise to immediate cause (a).
e, writing the farworded to sused os a bundond in the		stating the underlying couse (c)
vertificate writing rworded sed os a val, and		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY
This certificate, writted be farwor uld be used or removal,	NO	PERFORMED?
ER: This certificate ould be for sa. hould be not	CERTIFICATION	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
INER: This e certificat should be files. 3 should be ion, or ren	FRT	PRIMARY SOF CONTRIBUTING
		// ///////////////////////////////////
	MEDICAL	Harry Control of the
EXAM ute th oge 4 your Poge cremo	12	p.m. of work of work of freeze
P P P P P P P P P P P P P P P P P P P		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and in my opinion
ctor. Portion for ECTOR:		deoth resulted from: Noturol couses , Accident , Suicide , Homicide , Undetermined monner
Mk. Cal Please exect director. Po etained for DIRECTOR: 10 buriol,		ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNE
		SIGNATUREM.D. ASSISTANI MEDICAL EXAMINER
SSS fun fun th	2	EXAMINER'S F.J. TOWNSEND, TR. DEPUTY MFDICAL EXAMINER & JCC 31, 67. Address (Street, city, town, or county)
the S m	23	BURIAL (REMATION, 23b. DATE THEREOF 23e NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
- " " "	16	3 REMOVAL (Specify) 1/3/68 Evergreen Berlin WOR MO
VR ALSALE	12	4. FUMERAL DIRECTOR 256. REGISTRAR'S SIGNATURE
6M 1/67		Anna A. Durbage Derlin Mr. ONAN 3 1968 Charles Judge

